CONSENT FORM TO RECEIVE COMMUNICATION ABOUT HIV EDUCATIONAL AND COMMUNITY EVENTS

The UW Health HIV/AIDS Comprehensive Care Program would like to communicate information about HIV educational programs and community events with interested patients, family members and other individuals. These communications include announcements about guest speakers, support groups and community events. Participation in receiving these communications is completely voluntary. Information about these programs and events will also be available in the clinic. If you would like to receive an e-mail or U.S. mail communication about these events, please review and complete the following information:

How would you like to receive these communications?

☐ U.S. mail (preferred mailing address)

☐ E-mail ____________________________@___________________________

If you choose to be notified by e-mail, please be aware of the following:

- If you use e-mail provided by your employer, you should check with your employer about the security/ownership/privacy policy at your workplace. Employers have the legal right to view your e-mail.
- If you share an e-mail account with other family members, there is a possibility that e-mails sent by the UW Health HIV Program will be viewed or forwarded by others.
- Most e-mail is not encrypted, and therefore is not absolutely private. Unauthorized access by outsiders is possible.

If you choose to be notified by U.S. mail, please be aware of the following:

- Information will be mailed to your listed address in a UW Health marked envelope that does not reference the Infectious Disease Clinic or the HIV/AIDS Comprehensive Care Program.
- U.S. mail is not absolutely private. Unauthorized access is possible.

Your signature below signifies that you understand all of the above information and give permission for UW Health HIV/AIDS Comprehensive Care Program staff to contact you regarding educational and community events.

Print Name___________________________________________________

Signature ____________________________________________________

Date _________________________

You may contact your UW Health HIV program social worker (608-263-0946) at any time to be removed from this list.